

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name SOUTHERN INDIANA REHABILITATION HOSPITAL	Telephone Number Est 812-941-6106 Own 717-591-5725/812-941-8	Date of Inspection 07/22/2021	ID#		
Address 3104 BLACKISTON MILL RD, NEW ALBANY IN 47150					
Owner VIBRA HEALTHCARE	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 08/01/2021		
Owner's Address 4600 LENA DRIVE MECHANICSBURG, PA 17055		Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _			
Person in Charge ED KONICK					
Responsible Person's Email DCHAVIS@VRHSOUTHERNINDIANA.COM					
Certified Food Handler ED KONICK					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
324		X		Observed drain pipe on ice machine to be discharging on floor tile near floor drain. Extend pipe or reposition machine so the pipe is over the drain.	1 week
Summary of Violations C <u>0</u> NC <u>1</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	